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AUTHOR Taft, Earl A.
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ABSTRACT

The major research question in this report is the extent to which family membership disability affects the magnitude of internal family interaction. Other research foci addressed here are: the relationship that exists between parental-nonparental or husband-wife positional locations of disabled family members and the magnitude of internal family interaction; and the influence that community type (rural-urban) or family type (nuclear-extended or complete-incomplete) has. Data for this study came from interviews with 553 black homemakers conducted during the summers of 1970 and 1971 in a large metropolitan center, a small town, and two small open-country villages in East Texas. Four major abstract conclusions are drawn: disabled families generally experience lower levels of internal family interaction than nondisabled families; there are no universal relationships between the degree of family membership disability and the degree of internal family interaction; neither community nor family type significantly influences the impact of the incidence of family membership disability; and certain community and family types influence certain relationships between the degree of family membership disability and the degree of internal family interaction. (Author/JM)

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BLACK FAMILIES UNDER STRESS:

A Metropolitan-Nonmetropolitan Comparison of Relationships Between Family Disability and Internal Family Interaction

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Earl A. Taft

Prairie View A&M University
Prairie View, Texas 77445

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
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CHAPTER I

INTRODUCTION

The underlying concern of sociological inquiry is the social organization of human behavior (Bates, 1967: 6); its task is to investigate "action and reaction" laws in the different parts of the social system (Comte, 1855: 442). Therefore, human social behavior occurs in a social system, generally following its established patterns. However, not all persons behave accordingly. Hence, one major sociological concern is the impact of human psychological and physical makeup on human social behavior.

Since a social system's functioning is assumed largely dependent upon the actors' adherence to prescribed behavior patterns, the system's functioning itself may be affected by behavioral variations caused by actors' biological and personality system differentials. Therefore, the problem of sociological interest in this report is to determine the extent of influence an actor's psychological and physical makeup has upon the social system's functioning, through social behavior not conforming to accepted patterns.

This report is a revision of the author's unpublished Master's Thesis in Sociology (Taft, 1973).

Since disability is social behavior not conforming to accepted social patterns because of biological and/or personality system malfunctions (Taft and Jackson, 1973), this under-researched area provides an opportunity to examine the basic sociological problem. This may be done by exploring the impact of disability upon social system functioning.

As the most basic and universal social sub-system, family is the most crucial one in which to examine this problem (Spencer, 1910: 437). With the family's functions-- personal needs, maintenance, reproduction, and socialization (Zanden, 1970)-- so important to family and society's continued existance, relatively high degrees of interpersonal interaction among family members is necessary for effective family functioning. Therefore, the major research question in this report is to what extent does family membership disability affect the magnitude of internal family interaction.

Data for this study are available from part of a recent USDA-CSRS regional project (NC-90) designed to examine poverty's intergenerational perpetuation. Used here is the Texas data contribution based upon interviews with 553 Black homemakers conducted during the summers of 1970 and 1971 in a large

metropolitan center, a small town, and two small open-country villages in East Texas.

It is hoped this effort will have broad, multifunctional significance. The author's underlying interest in the development of a macro-theory of human action has lead him to adapt a very general conceptual schema from social system and role theorists; conceptual specifications derived from the schema could prove theoretically significant. In addition, this research provides a partial test of the utility of the general conceptual schema: specifically, the interpenetration of system levels of action.

The empirical results of this research should be significant in understanding human disability and its probable results. Very little empirical knowledge exists on the distribution and effects of family membership disability (Taft and Byrd, 1972; Kuvlesky, Byrd, and Taft, 1973). Past research has largely neglected comparing disabled and non-disabled families (Taft and Jackson, 1973). This effort should supply much needed empirical data in this connection for a specific population: Southern Blacks.

In addition to the theoretical and empirical implications, this endeavor should have methodological significance. The author is unaware of any existing composite family disability

indices such as the one utilized here; therefore, this measuring device could be helpful to those researching family disability. Since so little work has been done in this substantive area, methodological insights into researching family membership disability might be gained through this effort.

Before describing the study population and methods to be used a conceptual frame of reference is presented to guide the specification of research objectives. In addition, an overview of existing empirical knowledge is presented keying on the impact of human disability on family functioning and, in particular, on the magnitude of internal family interaction.

CHAPTER II

ORIENTING FRAMEWORK

As previously stated, the author's underlying interest in sociology is the development of a macro-theory of human behavior. This interest has lead him to adapt a very general conceptual framework from social system and role theorists. Although the schema draws heavily from Parsonian theory (Parsons, 1951), it is not completely Parsonian. Therefore, for the reader's background, it is necessary to briefly describe the general conceptual model before specifying the general sociological problem and more specific research objectives.

Within each of the four systems (Figure 1) the sub-levels become progressively more inclusive as one moves from the bottom sub-level (positions and roles in the social system) to the top sub-level in each system (society in the social system). The four system levels themselves are qualitatively different. The cultural system contains institutionalized systems of standards determining the orientations and behavioral modes appropriate for a given population. All social behavior takes place in the social system. It contains the actual interaction systems, as well as the actions taking place in them. The personality system is an individual's psychological makeup. It contains the personal

Figure 1. General Orienting Frame of Reference.

CULTURAL SYSTEM:	National Culture
	Class Subcultures
	Racial Subcultures
	Regional Subcultures
	Community Subcultures
SOCIAL SYSTEM:	Society
	Government Agency
	Political Party
	Corporation
	Communities
	Families
	Positions and Roles
PERSONALITY SYSTEM:	Personalities
BIOLOGICAL SYSTEM:	Organisms

orientations guiding an individual's actions. The biological system is made up of the physical body and the several biological characteristics which make one person physically distinguishable from another.

The basic assumption being partially tested in this report is that these four system levels of action interpenetrate one another. More specifically, in terms of the orienting framework, the primary thrust is to examine the penetration of biological and personality systems into the social system.

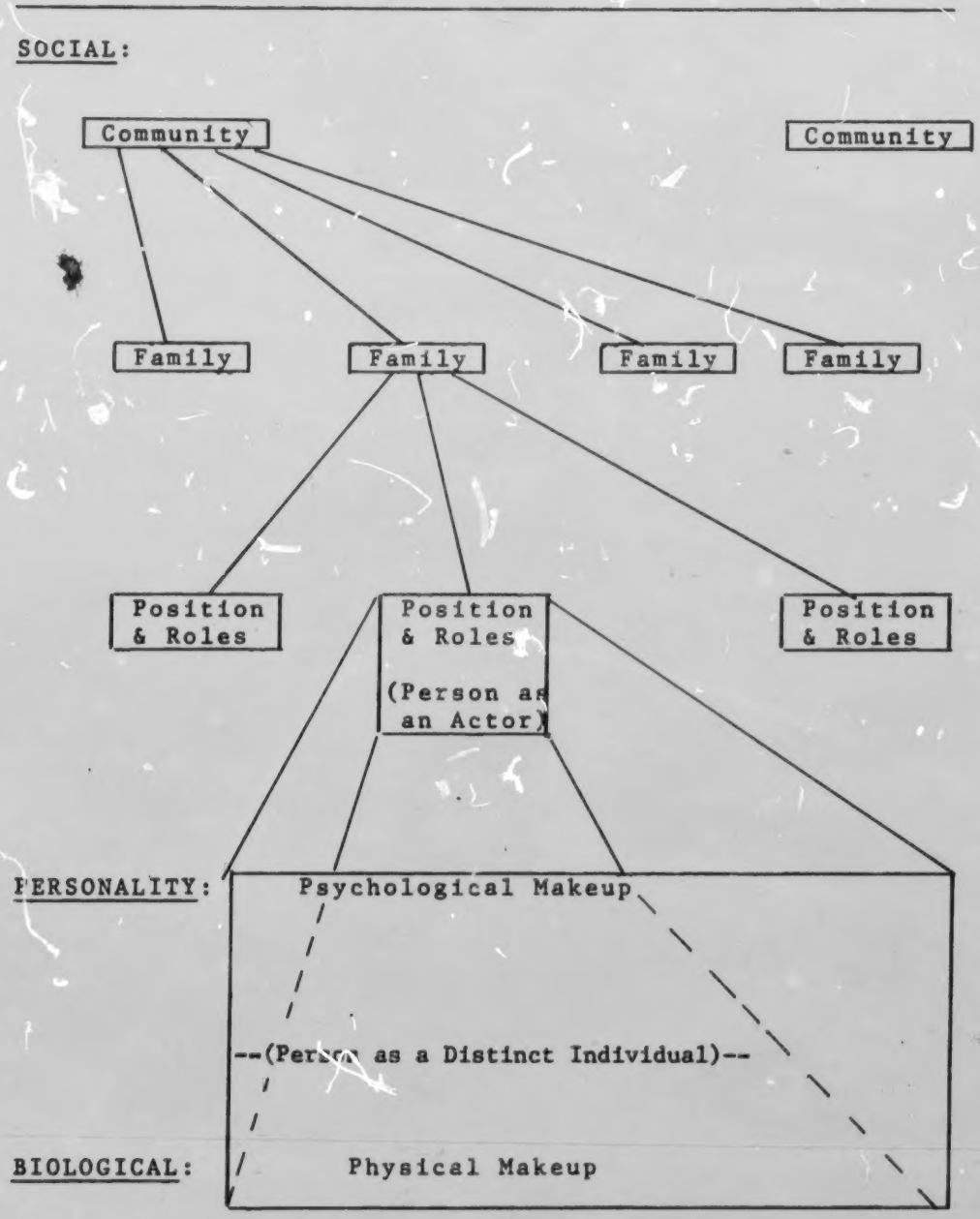
Roles link an individual, as a composite of personality and biological systems, to a social system. If there were no roles, by definition, an actor would not be behaviorally accountable to the system, since roles define the rights and obligations of positional incumbents in relation to the system's other actors. These rights and obligations are defined in terms of expected behavior --what an incumbent should do-- and expected attributes --what an incumbent should be (Gross, Mason, and McEachern, 1966: 67). On the other hand, role behavior is an incumbent's actual performance, and a role attribute is one of his actual qualities (p. 64). The complement of role relationships, a role-set, relates a position to the remaining positions in a social system or sub-system (Merton, 1968: 423). For each individual,

multiple roles are the role complex associated with the different positions a single person occupies (p. 423). A role sector keys specifically on the role relationship between "a focal position and a single counter position" (Gross, Mason, and McEachern, 1966: 62).

Figure 2 presents the particular segment of the general framework used in this report. Conceptually, it shows how a distinct individual is linked to the social system by his roles, thereby becoming an actor in that system. Although important, the major problem in this work is not the impact of biological and personality systems on a person's behavior in the social system. It is the influence of an actor's role behavior, dependent to some extent on his own psychological and physical makeup, upon the social system's functioning.

This framework suggests two possible control variables: community and family type. The two communities, indicated in the framework, contain families in a geographic area having "a substantial degree of integrated social interaction" and a sense of common membership not based on consanguinity (Inkles, 1964: 68).

Figure 2. Specification of the Orienting Framework in Relation to the General Sociological Problem Considered in This Report.



The following chapters examine the feasibility of this control from past efforts, as well as for this particular effort.

In studying family interaction, family type or structure is a logical control because of the different positions possible in different family structures and their probable effects upon internal family interaction. The feasibility of this control will be examined in the following chapters.

In terms of the above orienting framework, the general sociological problem of concern in this report is "what is the impact of an individual's role behavior on the operation of a social sub-system?" The general research objective for examining this problem is "what is the impact of membership disability on the magnitude of internal family interaction?"

CHAPTER III

REVIEW OF RELEVANT LITERATURE

Three major areas of literature relate to the specific research problem and the two possible controls suggested above: the impact of membership disability on family functioning, in general, and interaction in particular, the impact of community type on the magnitude of internal family interaction, and the impact of family structure on the magnitude of internal family interaction. They are considered in turn below and followed by a summary of insights and research questions derived from them.

Disability's Impact

Upon General Family Operations

Disability is linked with low income and low occupational prestige. A substantial relationship exists between ill health and poverty or low-income, especially for older age groups (The HEW National Center for Health Statistics, 1964). Additionally, ill health is second only to the lack of education as a cause of under-employment (Bienstock, 1967).

Disabilities in particular family structural posi-

tions influence the family financially more than disabilities in other positions. Maternal chronic illness has a compounding effect on low-income among 402 low-income Appalachian families (Deacon, Maloch, and Bardwell, 1967). Additionally, in rural AFDC families in the Kentucky mountains, a family is most seriously affected financially by its disabled head (Johnson, 1965).

The impact of membership disability on family structure was suggested in a conceptual piece by Rosenstock and Kutner (1967). In a crisis event, when existing resources do not readily provide the problem's solution, a family, they argue, often experiences a general disorganization, followed by recovery and reorganization or alienation and dissolution.

Rosenstock and Kutner's conceptual alternatives (1967) are too vague for this work. A possible family crisis is presented by modifications in an actor's role behavior, caused by his personality and biological systems (membership disability). In this author's estimation, a family can react to this potential crisis in at least four logical ways. It may continue in a crisis state thereby intensifying the accompanying stress upon the family's functioning. However, it is reasoned that a family cannot long exist in such a state before adapt-

ing in one of three ways. First, the actor with the modified role behavior (disability) may be given treatment to sufficiently correct the physical or psychological cause of the disability, again enabling him to perform his existing roles. Second, the roles of the disabled member may be redefined by the relevant role definers, adjusting to his existing role behavior. This would change the family's structure to fit the behavior of the disabled member. Third, the disabled member could abandon the position containing the roles he cannot perform. In this case the structure would remain intact; the disabled individual would either change family structural positions or leave the family altogether.

Certain factors influence the way a family reacts to membership disability. In 294 White disabled families in Ohio (Nagi and Clark, 1964), the researchers found that young people married before the onset of disability in one partner were more likely to divorce or separate as a result. Of these same families, those with higher occupational, income, and educational status, more small children, and owning their own homes were less likely to dissolve than others. Among 660 disabled families (Gibson and Ludwig, 1968), disabled Negros were the least likely to be married. Therefore, several factors influence the alternative ways a family reacts to membership disability: age, SES, number

of small children, home ownership, and race.

Upon Family Interaction Patterns

Disability influences family interaction patterns. Among 2370 families in a Pittsburg health district (Hrubec, 1959), the disabled and their families had more social problems than the non-disabled and their families. Among these problems were problematic intra-family relationships. Disabled husbands in central Ohio, dependent upon their wives, N=79, spent less time with their friends and relatives and were not as involved in the family decision-making process as disabled husbands not dependent upon their wives, N=86 (Ludwig and Collette, 1969). Families of disabled mothers were less likely to eat their meals together than those of non-disabled mothers, in a study of 402 low-income Appalachian families (Deacon, Maloch, and Bardwell, 1967).

The intimate face-to-face relations existing among family members (Krech, Crutchfield, and Ballachey, 1962: 214) suggest that any role behavior not meeting role expectations should affect their interaction patterns. The research cited above indicates that disability tends

to stifle interaction in general, as well as internal family interaction.

Taken in another light, disabled members holding parental positions influence the nature of family interaction patterns more than disabled members holding other positions. In this connection, among 40 New York polio patients (Deutsch and Goldston, 1960), the greatest distance between role expectations and role behavior existed for disabled husband-father positions; their families experienced the most change and disorganization in family life as a result of the disability. Possibly, families of disabled female-homemakers would experience the greatest change among lower-class Negroes because of their apparent matriarchal structure (Kephart, 1966: 210).

Summary

Disability affects family financial stability, often causing low-income and under-employment. It also brings about potential family crises resulting in possible structural disorganization. Race, SES, age of parents, and number of small children affect the method of adjustment to threatened family crises caused by disability. Black families, lower SES families, families with younger parents, and families with fewer small children

elect to dissolve more often than other family types as a result of membership disability. Disabled families have more interaction problems than other families. More serious disability tends to lessen interaction with friends and relatives. Finally, families of disabled husband-fathers experience more change and disorganization in family life than families of disabled persons holding other positions (this may not apply to low-class Negroes).

The above review suggests that membership disability affects internal structure and interaction but is vague as to its actual effects. The literature's major deficiency is the lack of data from both disabled and non-disabled groups. Generally, Black populations have been by-passed in disability studies. Therefore, in some cases, the differences noted in the literature might be due to variables other than those reported, because of the lack of a comparative base.

This review suggests at least two possible divisions of disability whose effects should be more thoroughly examined: membership disability and positional location of disabled family members. Two of their aspects are evident: degree and incidence of membership disability and parental-non-parental and husband-wife positions.

Community Type and Family Interaction Patterns

Rural and urban community types have long been viewed by sociologists as the two most important community types. In the first half of this century rural-urban interaction differences were sizable. Urban contacts were frequent, transient, and formal; rural ones were relatively seldom, intimate, and regularly recurring. Urban associations were individual, secondary, and largely functional; rural ones were familial, communal, primary, and comparatively permanent (Sims, 1944: 14; Graves, 1922: 94). Urban residents generally belonged to more organized groups and took a more active part in group affairs. Small-town residents were not as active, and open-country residents were even less so (Bertrand, 1958: 151). Urban families generally emphasized individual values and activities; rural ones generally emphasized group values and activities (Slocum, 1962: 288). In summarizing these differences Taylor and Jones (1964: 52) stated that in urban areas a person is interacted with as a "number" and "address" while in rural areas he is interacted with as a human person.

The rural-urban differences in interaction have

diminished in validity recently (Taylor and Jones, 1964; Copp, 1964). "Place of residence is becoming less significant as a basis for social differentiation of behavior in our society" (Kuvlesky, 1972: 3). Although these differences are decreasing, rural-urban community type still differentiates among interaction patterns (Moon and McCann, 1966). Therefore, rural-urban community type represents a desirable control for this work.

Family Type and Family Interaction Patterns

Research concerning the influence of family structure on interaction is sparse. Heller (1970) implies that extended type families have higher internal interaction rates than nuclear type families. He found a high correlation between familism and internal interaction along with higher familism degrees for extended families than for nuclear families. Heiss (1968) found the opposite. He discovered lower internal interaction rates among larger families (extended type). As these two studies indicate, past research provides little aid in establishing the impact of family type on family interaction patterns but does indicate that nuclear-extended family structure differentiates among those interaction

patterns.

Logically, it is imperative to control family structure. Interaction is patterned by the role-sets of the various positions of family members. These role-sets define how each member should act toward the incumbents of other family positions. Nulcear families have only four kinship structural positions: husband-father, wife-mother, sister-daughter, and brother-son. Extended families have many additional positions which alter the role-sets of the above nuclear positions (by simply adding other counter positions to each focal position) With no direct evidence of the effects of these factors on interaction among nuclear and extended family members, it is expedient to control nuclear-extended family type.

One additional family type element should also be considered when dealing with its positions: completeness. Completeness is the primary family type distinction held in the U. S. Census (U. S. Department of Commerce, 1970: 102). The absence of a spouse to the family's head would additionally alter the role-sets of family members. This would also make complete and incomplete families, whether nuclear or extended, structurally different.

Summary

Vague and incomplete knowledge exists regarding the relationship between membership disability and internal family interaction. Therefore, this study attempts to provide more information in this regard. The literature shows a lack of comparison between disabled and non-disabled families. Hence, the comparative base in this report should provide much-needed data in this connection. This review brought to light two possible disability divisions: membership disability (degree and incidence being two aspects) and positional location of disabled family members (parental-non-parental and husband-wife positions being its most important distinctions).

Rural-urban community type influences family interaction patterns differently. Therefore, the control of rural-urban community type seems warranted.

There is an empirical gap concerning the impact of family type on internal family interaction; however, sparse data support the decision to control family type. Four family types were identified earlier as possible controls: complete nuclear, incomplete nuclear, complete extended, and incomplete extended family types.

Combining the above insights with the research pro-

blem stated in the last chapter, the following possible research questions evolve:

(1) What relationship exists between membership disability and the magnitude of internal family interaction?

(2) What relationship exists between parental-non-parental or husband-wife positional locations of disabled family members and the magnitude of internal family interaction?

(3) Are there any rural-urban community type differentials in the above two relationships?

(4) Are there any family type differentials (nuclear-extended or complete-incomplete) in the first two relationships above?

CHAPTER IV

THE STUDY POPULATIONS

The data for this investigation were obtained from part of a recent USDA-CSRS Regional Project, NC-90: "Factors Affecting Patterns of Living in Disadvantaged Families." The Texas contribution[1] was structured to compresively study the nature of Black families in a large metropolitan center, a small town, and two small open-country villages in East Texas. The regional effort (NC-90) is an interdisciplinary, interstate project attempting to ascertain factors related to families' intergenerational perpetuation of poverty.[2] Accounts of the selection and descriptions of the study units and respondents are presented below.

---

[1]Other state experiment stations cooperating in the regional project are Hawaii, California, Nevada, Nebraska, Kansas, Iowa, Missouri, Wisconsin, Illinois, Indiana, Ohio, and Vermont.

[2]The NC-90 Technical Committee developed the instrument used by all participating states.

Selection and Description of the Study Units

A nonmetropolitan (NM) and a metropolitan (M) county in East Texas were selected for comprehensive study of Black families in a traditionally southern cultural setting. The NM county was adjudged relatively representative of "traditional southern culture" (Kuvlesky and Cannon, 1971); the M county was adjudged "part of the larger cultural configuration characteristic of the traditional South" (Kuvlesky, Warren, and Ragland, 1972).

The NM county was largely agricultural and seventy-five percent rural. It had a high rate of low-income families, compared to the state, and about 5,000 of the county's 20,000 population were Negroes. The county seat, a town of 5,000 had two fifty-bed hospitals, seven physicians, three dentists, and two ambulance services serving the majority of the county's medical needs (Taft and Byrd, 1972).

The M county, Harris, is the South's largest and the nation's seventh largest with 1,832,000 population. It has one of the state's smallest low-income percentages. The population is approximately twenty-one percent Black. As the county seat, Houston is the nation's sixth largest city. It has over 1.2 million population (Read-

ers' Digest Association, 1971) with about twenty-seven percent Negroes. It is the nation's largest inland port and is a major industrial and commercial center. Houston has one of the nation's larger and finer medical centers. Its medical needs are served by fifty-six hospitals with over 10,700 beds, at least 2500 physicians, over 800 dentists, and ambulance service by the fire department (Taft and Byrd, 1972).

Selection and Description of the Respondents[3]

The Negroes in the NM county seat and two, small predominately-Black, open country villages were the universe from which the NM respondents were selected. According to the screening criteria adopted by the NC-90 Regional Technical Committee, each respondent was a female homemaker, not over 65, and not under 18 (unless the mother of at least one household child), with children under 18 in the family. The town, which was thirty percent Black and the two villages were mapped in the Spring of 1970, identifying all households.

---

[3]Appreciation is here expressed to Dr. Kennedy Upham, Station Demographer, Texas Agricultural Experiment Station, Texas A&M University, for directing the selection of respondents and explaining these operations to the author.

In the M county, a sample was drawn from a set of contiguous neighborhoods adjacent to Houston's central business district. This procedure was expected to yield about the same number of respondents as interviewed in the NM county. These neighborhoods were almost completely Black and largely low-income. Therefore, they did not represent the Black M population; the Black upper and middle socioeconomic strata were under-represented. In the Spring of 1971, the selected neighborhoods were mapped. All non-dwelling buildings were identified, and a fifty percent sample of all dwelling buildings was drawn (in a government apartment complex, fifty percent of the apartments were selected).

The respondents' mean age was thirty-seven. About one-third fell into each of the following three educational categories: eight grades or less, 9-11 grades, and 12 grades of formal education. M families (4.67 mean size) were slightly smaller than NM families (5.38 mean size). Family income was about $500 more for NM families (similar on per capita income: about $1000) with $4955 per year overall mean family income. The M breadwinners had lower occupational prestige than the NM ones. On the other hand, M families had better physical facilities (see Taft and Byrd, 1972, for a more complete descrip-

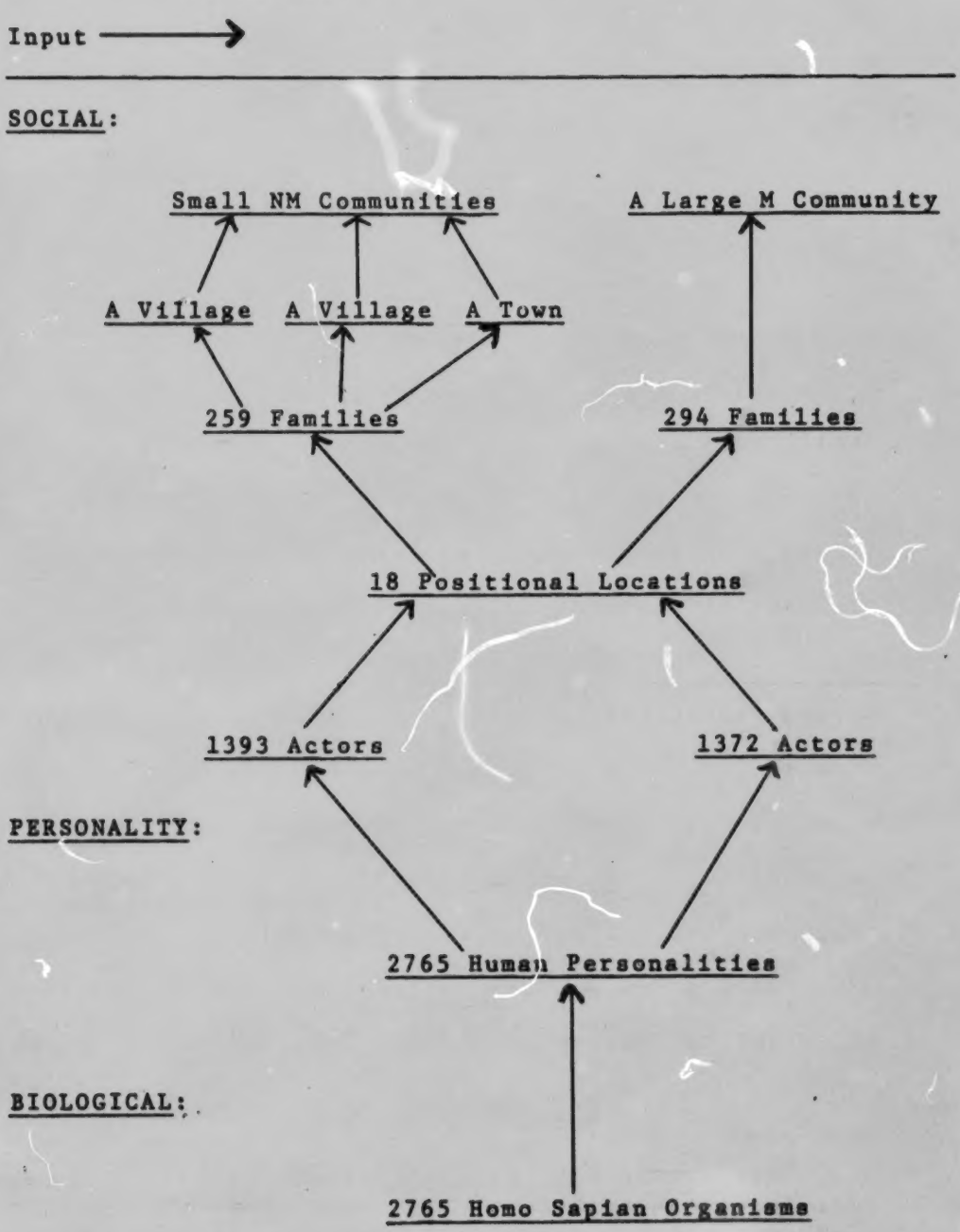
tion).

In summary, using relatively small NM communities in opposition to one very large M community should maximize the extent of the impact of community type on the variables examined herein. Essentially, this amounts to a comparison of polar-opposite community types on the traditional rural-urban continuum.

Placement of the Study Populations in the Orienting Framework

Figure 3 locates the study populations in the orienting framework used in this study. The social system units are 553 families in one M and three NM communities. The 2765 individual family members are positionally related to the female homemakers by 18 positional locations. The members are human personalities and homo sapian organisms.

Figure 3. Location of Study Populations in the Orienting Framework.



CHAPTER V

METHODS

Collection of Data

During the Spring of 1970, NM area interviewers were recruited from Black, female, public school teachers in an adjacent county. Black female M interviewers, primarily public school teachers, were recruited from sections other than the target area during the Spring of 1971. Both groups of interviewers were given approximately one week of intensive classroom training and field testing on the regional questionnaire and Texas attachments.[4] Several unsatisfactory recruits were released during the training periods, and two unsatisfactory M interviewers were released after interviews had started: one because her questionnaires were unintelligible and the other because she had "interviewer's stage fright."

Table 1 below presents a household summary- screened, eligible, interviewed, analyzed, and number of mem-

---

[4]Kathy Dietrich, Research Associate, Rural Sociology, Texas A&M University, has been invaluable in the NC-90 project in Texas: supervising, training, processing, and analyzing data, and, in general, a great help as information disseminator and as facilitator.

bers in the families analyzed-- of the June, 1970 (NM) and 1971 (M), contacts. The interviews generally took

Table 1. Disposition of Families Screened in the NM and M Counties.

Action	NM	M	Total
Households Screened	556	802	1358
Households Eligible	264	302	566
Homemakers Interviewed	259	294	553
Families Analyzed	259	294	553
Individual Family Members	1393	1372	2765

about an hour and a half, and both NM and M interviewers reported most respondents giving good cooperation. A researcher was available to assist the interviewers at all times.

Each evening the field supervisor[5] carefully evaluated the questionnaires. A meeting was held each morning with the interviewers to rectify questionnaire problems and to discuss the day's interviewing. At these times the NM interviewers were assigned certain sections in which to screen all dwellings. The M interviewers

[5]The author was the M field supervisor being relieved occasionally by Dr. W. P. Kuvlesky, Associate Professor, Rural Sociology, Texas A&M University.

were assigned areas in which to screen only dwellings in the sample. During the day, the field supervisors up-dated the master maps of the areas to insure complete cover

M validity and reliability checks indicated no problematic items among those used here.

Data Processing

Coding instructions for the questionnaires were established regionally and followed explicitly in Texas. Once coded and checked for accuracy, the data were punched on cards. Errors found while analyzing the data in other connections led to several corrections; therefore, the data are relatively free of coding and punching errors. In addition, consistency checks have been performed throughout the data processing sequence; consequently, the data are relatively free of inconsistencies due to recording and computation errors.

The data analyzed herein are on punched cards separated by NM-M community type. Data processing for the analysis in this chapter and Appendix B utilized Texas A&M University's computer and Rural Sociology Departmental Programmer.[6] The author did the data processing for the

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[6]Mr. John Womack has done the necessary programming in this connection. His aid is greatly appreciated.

analysis in Chapter VI, "RESULTS", on The Cooperative Research Center APL terminal at Prairie View A&M University; it is tied into the Texas A&M University computer.[7]

Concepts, Indicators, and Measures

The following variables, indentified in Chapter III, need to be conceptualized, and the indicators and measures utilized for each need describing: family membership disability, positional location of disabled family members, internal family interaction, community type, and the feasibility of their inclusion in this report is ultimately determined.

Family Disability

The Concept. If one is unable to adequately perform his positional roles because of a psychological or physical malfunction, he is considered disabled. In this context disability refers only to personality and biological system causes of inadequate role performance not social or cultural system causes. Stating disability

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[7] Mr. Stanley Wilson, Coordinator, APL Lab, Department of Agricultural Economics and Rural Sociology, Texas A&M University, assisted the author in this regard. Appreciation is here expressed for his aid.

differently, biological and personality systems impact upon actors' role behavior and, therefore, upon the operation of the social system: Figure 4 demonstrates this concept for the husband-father family position.

Four logical psychological and physical states are presented in Figure 4:

I. Functioning personality and biological organism.

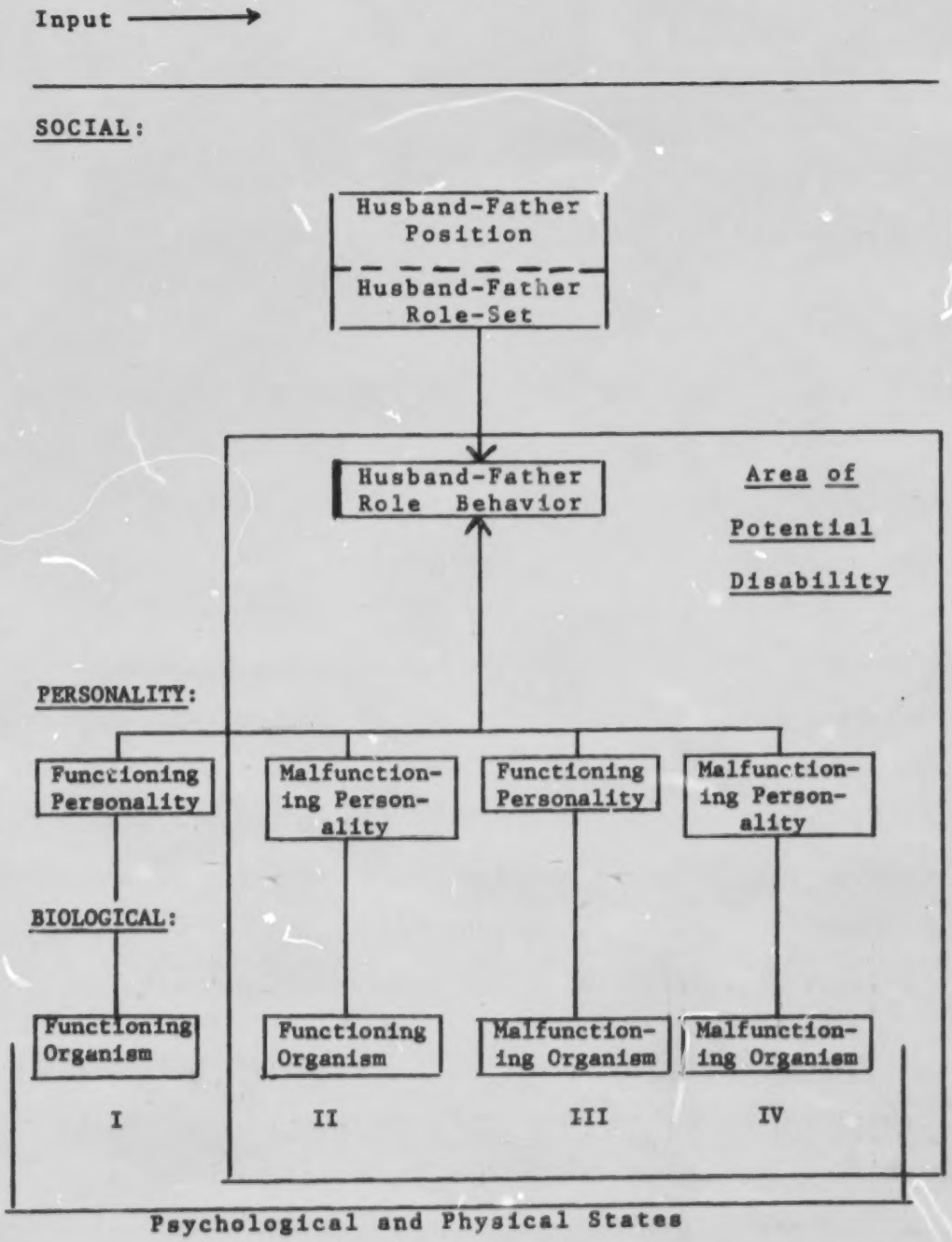
II. Malfunctioning personality and functioning biological organism.

III. Functioning personality and malfunctioning biological organism.

IV. Malfunctioning personality and biological organism.

A person falling into the first category of the typology a normal well-adjusted individual. A type two person has some psychological problem but is physically healthy. He might be a slow learner or have some other psychological malady such as schizophrenia or paranoia. People falling into category three are psychologically well-adjusted but physically ill (tuberculosis, pneumonia, diabetes) or deformed (loss of limbs, blind, deaf, burned). A fourth type person is both psychologically and physically maladjusted. Although not all possibilities are presented here in example, these four logical

Figure 4. Disability Defined in Relation to the Orienting Framework for the Husband-Father Position.



psychological and physical states cover them.

Functioning-malfunctioning is a continuum; however, the major concern here is the degree to which an actor's role behavior is affected by malfunctions of his own personality and biological systems, regardless of the magnitude of function. This is the focus of the "area of potential disability" (Figure 4, p. 33).

Family disability is a composite of the disability of individual family members. The role behavior of each family member is either affected or not affected by psychological or physical malfunctions. A husband-father may perform the role-set attached to his structural position but not perform his role-set as the main bread-winner, since it depends largely on his behavior in another subsystem (generally community). This would still be disability and affect the family's functioning. In summary, family disability is the degree to which the role behavior of all family members is affected by the malfunctioning of their own personality and biological systems.

The indicator. The question designed to reveal disability was "Is anyone in this family sick all the time or disabled in any way?" This question has two dimensions: the psychological or physical (illness) and the impact of illness on role behavior (disability). If the

respondent answered "yes", she was asked to describe the seriousness of the disability by selecting the appropriate degree from the following alternatives:

(1) Not able to work, keep house, go to school, or play at all (choice depended on the person's age)-- code 4.

(2) Able to work, etc., but limited in kind or amount of work, etc.-- code 3.

(3) Able to work, etc., but limited in other activities (not applicable to preschoolers)-- code 2.

(4) Not limited in any of the above ways-- code 1.

(5) Not disabled-- code 0.

The above disability degrees are determined explicitly by role behavior with the exception of number four (see Appendix A for a complete listing). However, it is assumed some role behavior was affected to have considered a person in category four instead of the "not disabled" category. The data available do not permit the examination of psychological and physical states of family members and, therefore, these states must be left for future study.

Family disability is indicated by a family disability index computed in the following manner. The coded degrees of disability (0-4) for family members were summ-

ed and divided by the number of family members with responses coded. This figure was then multiplied by twenty-five, placing the score between zero and one hundred to simplify interpretation (see Taft and Byrd, 1972, for a discussion of strengths and weaknesses of the index). To summarize the weaknesses of the index, three were identified by Taft and Byrd (1972): subjectivity of the homemaker's evaluation, scoring variability by family size for the same number of disabled members, and gaps in the distribution of scores into which some families cannot fall. These three weaknesses are not detrimental to this investigation. First, the homemaker is probably the family's best possible evaluator of role behavior because of her knowledge of the role behavior of all family members and because the adequacy of role behavior can best be determined by relevant role definers. Secondly, Dow (1965) established the need to control family size in disability studies. Finally, the gaps are unavoidable and most likely inconsequential. Although not as precise and conceptually accurate as one would like, especially regarding the stimulus question and lowest degree of disability (code 1), the family disability indicator fulfills the minimal conceptual requirements.

The measures. Two criteria governed the selection of the family membership disability measures. Several degrees of family disability were needed to adequately examine its effects upon interaction. In addition, each category's frequency needed to be sufficiently large to allow a comparison with interaction degrees across the control variables.[8] Table 1 in Appendix B tabularize the family disability index scores by NM-M community type. Since disability degrees are needed, it was decided to use only three (low, medium, and high degrees): the number of disabled families being extremely small (NM = 75, and M = 68). In order to divide these distributions relatively equally, the NM and M number of dis-

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[8] There is a qualitative difference between "0" disability (none) and "1" disability (the lowest degree for disabled families) which makes it unwise to place the "0" disabled group in the lowest disability degree; this was originally intended. The analysis of the relationship between the degree of membership disability and of internal family interaction, then, will involve only disabled families; however, this modification eliminates the data's extremely valuable comparative base. Hence, a further modification in the plan of analysis is projected to follow the analysis of the relationship between the degrees of disability and internal family interaction: the modification being to examine the influence of the incidence of membership disability upon the degree of internal family interaction (see Chapter VI). The modification is not discussed at this point, nor in this chapter, in order to present an accurate, honest account of the actual procedures performed.

abled families was divided by three and the distributions broken as close to these points as possible. Table 2 shows the two most accurate breakdowns. The breakdown in this study has three categories: 1-10 (low), 11-20 (medium), and 21 and up (high). Although the other breakdown divides the groups slightly more evenly in one NM category, the above division was selected primarily because of the consistency of its intervals.

Positional Location of Disabled Members

The concept. In a social sub-system (like a family) an actor is related to the other actors both structurally and functionally. These positional locations are actors' positions or statuses in that sub-system (Parsons, 1951: 25; Gross, Mason, and McEachern, 1966: 48). Therefore, the positional location of a disabled family member is the family structural or functional position a disabled person occupies.

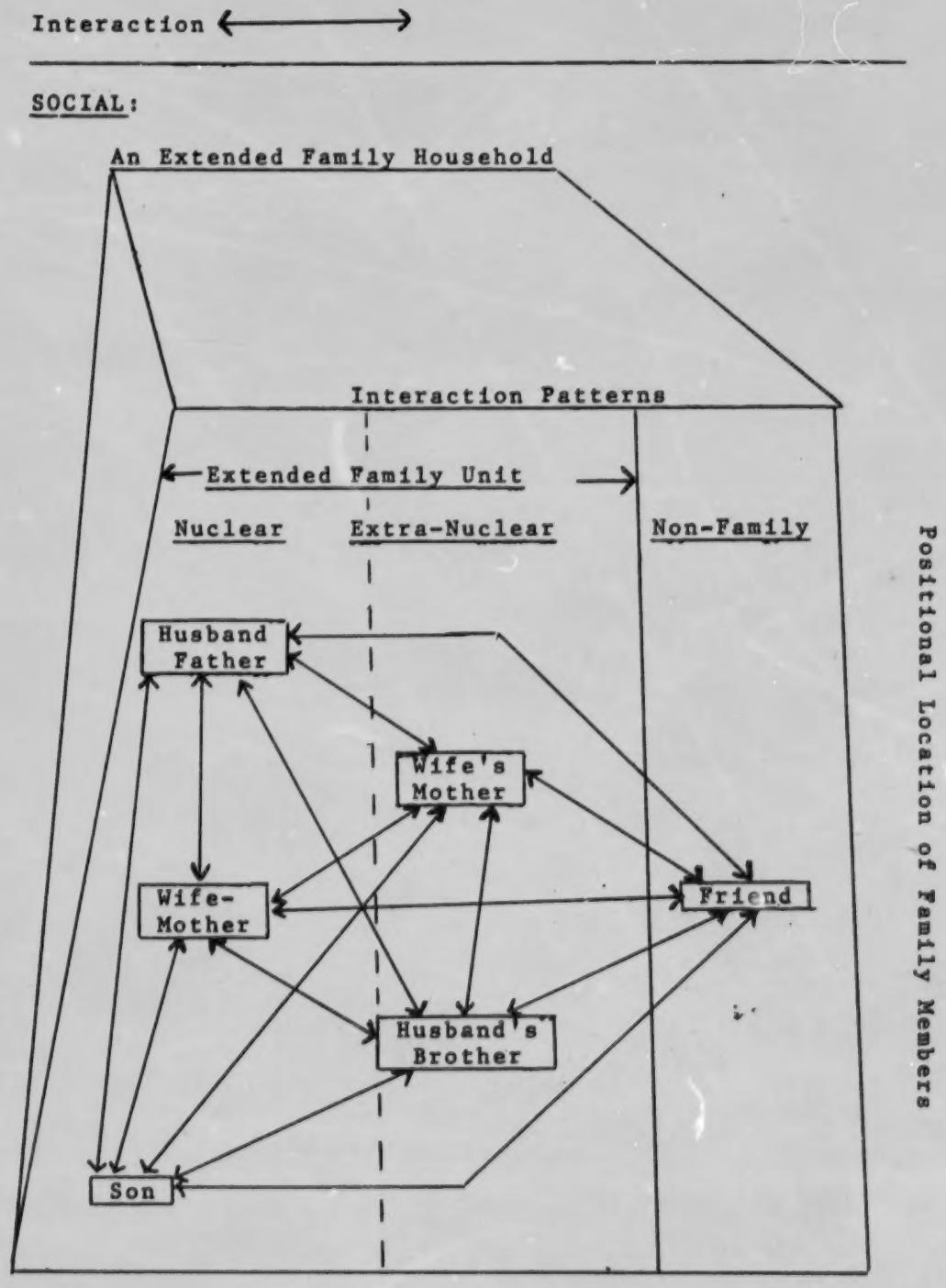
Herein, the positional location of a family member relates him (Figure 5) to the other family members within the family's kinship structure or biological ancestry (Broom and Selznick, 1963: 39). Gross, Mason, and McEachern (1966) suggest positional specifications for analyses of the nature herein attempted: relational and

Table 2. Distribution of the Two Measures of Family Disability Judged to be the Most Accurate, Three-Category Breakdowns Available.

Disability Index Scores	NM (N=75)	M (N=68)	Total (N=143)
1-10 (Low)	21*	19	40
11-20 (Medium)	28	24	52
21 and up (High)	26	25	51
1-11 (Low)	23*	19	42
12-24 (Medium)	28	24	52
25 and up (High)	24	25	49

*The only substantive difference between these two distributions is in this category.

Figure 5. Positional Location and Interaction Patterns of Family Members.



situational. Relationally, focal positions are held by disabled family members (disabled wife or parental positions in relation to positional location differentials in interaction). Counter positions are held by non-disabled family members (disabled husband or "other" positions in relation to positional location differentials). Situationally, these positions are located in family social sub-systems.

The indicator. Positional locations of disabled family members were determined by the relationships of the disabled members to the female homemaker (respondent). For each family member the respondent was asked, "What is his (her) relationship to you?" Eighteen relationships were referenced for the interviewers. The disabilities of family members were ascertained by the degree of disability coded for each member. Operationally, the disabled family members were identified, and then, their relationships to the respondent were established. There is little problem with this method of determining positional location within the family structure.

The measures. The respondent was asked to list all persons living in her household during the year prior to the interview and designate the relationship of each

person to her. These relationships were categorized into eighteen relationships to the homemaker as follows:

(1)	Respondent (NM=33%; M=41%)[9]	(10)	Grandparents/Great Aunt/Great Uncle
(2)	Spouse (NM=14%; M=16%)	(11)	Aunt/Uncle
(3)	Son/Daughter (NM=29%; M=27%)	(12)	Nephews/Nieces
(4)	Grandchild	(13)	Cousins
(5)	Parent (NM=18%; M=6%)	(14)	Foster Child
(6)	Parent-in-law	(15)	Step Child
(7)	Brother/Sister	(16)	Other Relatives
(8)	Brother/Sister-in-law	(17)	Friends
(9)	Son/Daughter-in-law	(18)	Male Companion

Table 3 below presents the distribution of all combinations of positional locations for the disabled family members.

The questions in Chapter III suggested the two below. First, do disabled members in parental positions more adversely affect the magnitude of internal family

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[9]The percent of disabled individuals in the most common relationship categories is indicated in parentheses. For all other relationships combined the percentages are as follows: NM=6%; M=10%.

Table 3. Distribution of the Combinations of Positional Locations of Disabled Members in Their Families for Each Community Type.

Positional Location (Combinations in Families)	NM		M		Total	
	f	%	f	%	f	%
1. Homemaker	17	23	24	35	41	29
2. Spouse	10	13	7	10	17	12
3. Son/Daughter or Step Children	14	19	12	18	26	18
4. Extra-Nuclear Member*	13	17	9	13	22	15
5. Non-Family Member**	0	0	0	0	0	0
1. and 2.	4	5	4	6	8	6
1. and 3.	8	11	5	7.5	13	9
1. and 4.	5	7	1	1.5	6	4
2. and 3.	0	0	2	3	2	1
3. and 4.	4	5	0	0	4	3
1., 2., and 3.	0	0	1	1.5	1	1
1., 3., and 4.	0	0	2	3	2	1
1., 2., and 5.	0	0	1	1.5	1	1
Totals	75	100	68	100	143	100

*Includes grandchildren, parent, parent-in-law, brother/sister, brother/sister-in-law, son/daughter-in-law, grandparents/great aunt/great uncle, aunt/uncle, "nephews/nieces, cousins, and other relatives."

**Includes foster children and friends.

interaction than disabled members in other positions? Secondly, do disabled Black wives affect the magnitude of internal interaction more adversely than disabled Black husbands?

Because of the difference in the positional locations of different family types, it is necessary to control family type to determine the feasibility of the above two questions in relation to the available data. Sufficient numbers of wife, husband, parental (father and mother combined), and "other" positional locations need to be available. Table 2 in Appendix B shows all combinations of positional location for the disabled family members in each family and community type. Since examining the two questions above without controlling complete-incomplete and nuclear-extended family type would yield rather dubious results, the family type with the largest number of disabled wives and husbands (this excludes incomplete families) in parental positions (this excludes extended families) is used. Complete nuclear family type is the only possible family type for which these questions could be examined.

Table 4 below gives the distribution of disabled members in parental as opposed to "other" positions, and Table 5 gives the distribution of disabled members in

wife as opposed to husband positions. It is obvious from these two tables that there simple are not enough disabled persons in either case to do an adequate analysis of differential family interaction patterns. Because of the already complex analysis projected, and because of the limited utility of the available data in this regard, the relationship between the positional location of disabled family members and internal family interaction patterns is not examined in this report. However, future research efforts should explore this problem.

Table 4. Distribution of Parental and Other Positions of Disabled Family Members by Community Type.

Positions*	NM (N=19)	M (N=12)	Total (N=31)
Parental	15	11	26
Other	4	1	5

*No families are included that had disabled members in both these positions.

Table 5. Distribution of Wife and Husband Positions of Disabled Family Members by Community Type.

Positions	NM (N=13)	M (N=8)	Total (N=21)
Wife	6	2	8
Husband	7	6	13

Family Interaction

The concept. Social interaction is an encounter between two or more people (Hodges, 1971: 12). In interaction events each person acts and reacts to the other's behavior (see Figure 5, p. 40), generally according to accepted roles (Johnson, 1960; Zanden, 1970). In most cases each person performs his role in a rather predictable manner, depending upon the particular interaction setting (milieu of events and conditions in which the interaction event takes place). Herein, internal family interaction is the gross social interaction taking place among the various family members.

The indicator. Internal family interaction was solicited by a four item scale (called family cohesiveness by the NC-90 Technical Committee) as follows:

(1) How often do you go places together as a family?

(2) How often does your family eat at least one meal a day together?

(3) How often do family members work around the home together?

(4) How often do family members relax around the home together talking, watching TV, or doing things like this?

The four items involve family activities as opposed to individual activities. Although all possible interaction events are not covered, it is felt these family activity items indicate sufficient variety to determine gross internal family interaction. It is realized that the subjective evaluations of the homemaker-respondents might be problematic; however, their credibility is assumed on this point. Of the possible internal family interaction indicators, these were the only ones in the regional questionnaire dealing with actual gross family interaction behavior. The only other items dealing with actual interaction behavior asked which parent handled the children when both were around and which parent made various decisions. However, these did not indicate what degree of interaction took place in handling the children or in making the decisions. Other internal interaction items dealt with attitudinal and value orientations.

In addition to individual item scores, a scale score is used. It is calculated by simply summing a family's four response codes and dividing them by four.

The measures. The four interaction response categories are "often" (code 4), "sometimes" (code 3), "sel-

dom" (code 2), and "never" (code 1). Distributions of the responses for the four items and the composite scale score by community type are given in Appendix B, Table 3. For the composite scale score, "low" is 1.01-2.00; "medium" is 2.01-3.00, and "high" is 3.01-4.00. No families had a composite score of 1.00 (all "never" responses).

This researcher combined the "never" and "seldom" categories into a "low" interaction degree for several reasons. The logical opposite of "never", always, was not included in the regional questionnaire. "Sometimes" fits more accurately as a middle than as an upper interaction degree. Only three percent of the total responses on the items and the composite score fall in the "never" category. Therefore, the responses are broken into "low" (never and seldom), "medium" (sometimes), and "high" (often) categories. Table 6 presents the distribution of the responses combined according to these measurement categories.

Item one and item three exhibit the most differentiation. Over seventy percent of the families are in the "high" interaction category on items two and four and composite interaction. Hence, it can be surmised that most families frequently "eat at least one meal a

Table 6. Distribution of Family Interaction Responses for the Three Measurement Categories Selected.

Item	Degree of Interaction			
	Low	Medium	High	Total
Item One	146	199	202	547
Item Two	54	101	390	545
Item Three	118	144	282	544
Item Four	47	99	399	545
Composite	19	130	396	545

day together" and "relax around the home together." Because of these two items, the composite interaction scores are skewed to the "high" end. Since little differentiation is available with scale items two and four, only items one and three are used in the internal family interaction scale. Regional scale analysis supports this decision; it found scale items two and four "not discriminating very well in a number of states" (Kutner, Kuvlesky and Dietrich, 1972: 3). Additionally, both kinds of internal family interaction (at and away from home) are still measured in the scale since the items dropped are interaction activities which take place at home; "working around the home together," of the same type as those dropped, was retained. The item getting at the kind of internal family interaction taking place

away from home is still included: "going places together as a family."

Composite interaction is calculated by summing the responses for each family's degree of interaction (1=low, 2=medium, and 3=high) on items one and three, and dividing by two. This procedure yields five possible composite interaction scores: 1, 1.5, 2, 2.5, and 3 (Table 4, Appendix B, gives this distribution). The composite interaction categories are "low" (1 and 1.5), "medium" (2 and 2.5), and "high" (3).

On the revised interaction scale, the "medium" composite interaction category is the largest, as one might expect, since it reflects an interaction rate most average families would be expected to exhibit (Table 7). In other words, it is indicative of a normal distribution. Therefore, it is adjudged a sufficiently useful composite internal family interaction measure to be included in this work.

Community Type

The concept. A community is a social sub-system whose members live in a common geographic area having "a substantial degree of integrated social interaction"

and a sense of common membership not based upon consanguinity (Inkeles, 1964: 68). Two major community types

Table 7. Distribution of Internal Family Interaction Responses for the Revised Interaction Scale.

Item	Degree of Interaction			
	Low	Medium	High	Total
Item One*	146	199	202	547
Item Two**	118	144	282	544
Composite***	124	306	117	547

*How often do you go places together as a family?

**How often do family members work around the home together?

***Average of responses on items one and two.

are acknowledged as social differentiators: urban and rural. An urban community here, is one geographically located within a M area. On the other hand, a rural community is one geographically located within a NM area.

The indicator. A family's community type was determined by the researchers before interviewing began,

as per the study design (see Chapter IV),

The measures. The three small NM communities (one town and two villages in a 75% rural county were combined for this analysis into a single NM population (see Taft and Byrd, 1972, for a comparative presentation of the town and the two villages). The set of contiguous M neighborhoods comprised the large M community used here. The NM and M data were kept separate and never physically combined, providing a sure control on community type for all computer runs. Table 8 presents the total number of families in each community type having data available for this analysis.

Table 8. Distribution of Families on Community Type and Availability of Their Data for This Analysis.

Availability of Data	NM	M	Total
Total Families	259	294	553
Families with Disability and Interaction Responses	259	288*	547

*On the "work around the home together" item, there are 285 M families available for analysis.

Family Type

The concept. In an all-encompassing definition, family should be defined both structurally and functionally; however, as a control, family type is defined structurally (see Kephart, 1966: 4-5, for a functional definition). Basically, a family is a system of relations or a social sub-system. Broom and Selznick (1963: 355-356) make a distinction between nuclear and extended family structures. A nuclear unit is defined as "consisting of husband and wife and those children toward whom they assume the role of parents" (p. 355). An extended family unit is defined as "consisting of 'blood' relatives and their several nuclear family units" (p. 355).

The nuclear-extended distinction above is too diffuse for the particular requirements of this research effort, and therefore, cohabitation is another condition prescribed for family membership. Hence, in this study, a nuclear family consists of a husband and wife and the children toward whom they hold parental positions all living in the same household. An extended family consists of a husband and wife and the "blood" and/or "legal" relatives living with them in the same household;

the entire collectivity should not constitute a nuclear family. Figure 5 (p. 40) represents the structure of an extended family.

To more completely ascertain family structural type, family completeness must be considered. As reasoned above (Chapter III), the presence or absence of a spouse to the family head would alter the role-sets of family members. For the sake of consistency, completeness is based upon the presence or absence of a spouse to the female homemaker-respondent. This presents little difference from basing completeness on the presence or absence of a spouse to the family head since in most cases either the homemaker or her spouse was the head of the family.

The indicator. The eighteen relationships to the homemaker listed in the positional location section above (p. 42) determine the various positions of family members. The relationships in each family determine family type.

The measures. In correspondence with the concept of family type, two criteria are utilized in its determination: nuclear-extended and complete-incomplete structure.

Any family type may have foster children and/or

friends living with them without affecting its family type status; these are considered non-family relationships. The classification of friends as a non-family relationship is obvious. Regarding foster children, it is reasoned that, although they are treated as sons or daughters, they are wards of the state and, generally have no "blood" or "legal" relationship to the family.

Operationally, the families are divided into four structural types as indicated below. These types are utilized as a constant control in the analysis. A complete nuclear family has a respondent, spouse or male companion-- a male companion is viewed as essentially the same relationship as a spouse-- and sons and/or daughters and/or step children. An incomplete nuclear family has a respondent, and a son and/or daughter and/or step child but does not have a spouse or a male companion. A complete extended family has a respondent, a spouse or male companion, and any of the other relationships listed on page 42 above; it may or may not have friends, foster children, sons or daughters, and step children. An incomplete extended family has the same relationships as a complete extended family excepting a spouse or male companion. Table 9 presents the distribution of these four family types by NM-M community type.

Specification of Research Objectives

The research questions from Chapter III have been narrowed down in the light of the feasibility of each for this research effort. The general research objective

Table 9. Families with Disability and Interaction Information Coded, Categorized by Community and Family Type.

Family Type		NM		M		Total	
		f	%	f	%	f	%
I.	Complete Nuclear	133	51	106	37	239	44
II.	Incomplete Nuclear	38	15	107	37	145	27
III.	Complete Extended	47	18	25	9	72	13
IV.	Incomplete Extended	41	16	50	17	91	16
Total		259	100	288	100	547	100

is to determine the impact of family membership disability on internal family interaction. It may be reached by examining the following questions guiding analysis:

(1) What is the relationship between the degree of family membership disability and the degree of internal family interaction?

(2) Are there any NM-M community type differentials in the relationship between the degree of disability and the degree of internal family interaction?

(3) Are there any nuclear-extended or complete-

incomplete family type differentials in the relationship between the degree of family disability and the degree of internal family interaction?

The analysis of differentials in internal family interaction resulting from parental, husband, wife, and "other" positional locations of disabled family members was dropped from this study because the above analysis revealed an inadequacy in this regard. There simply were not enough disabled persons in these positions to do an adequate analysis (see pp. 38-46).

Statistical Tools to be Utilized[10]

Measures of central tendency are the major analytical tools used in this analysis because of the small number of disabled families, because, at best, the measures of the variables are ordinal, and finally, because general patterns, not minute variations, will shed light on the major sociological problem being examined. This limits the author to statements about these two populations only, and he cannot hope to generalize beyond them. As

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[10]The decisions with regard to statistical tools utilized in this report draw heavily on a very informative seminar on measurement and statistics given by Dr. W. P. Kuvlesky of Texas A&M and Dr. Richard Warren of Iowa State, at Prairie View A&M in the Summer of 1973.

stated at the out-set, the primary goal of this study is to test an assumption of importance to general sociological theory: an individual's behavior affects social system functioning (see p. 1). All that can ultimately be concluded in this regard is that the data have or have not demonstrated the validity of the assumption for these two particular populations. Of course, purely descriptive statements about these two populations may be made.

CHAPTER VI

RESULTS

Introduction

As a test of the empirical feasibility of controlling community and family type in this study, the author examined the impact of community and family type on the magnitude of internal family interaction and on the incidence of family membership disability (see Taft, 1973: 61-77); he concluded:

> Both community and family type have sufficiently demonstrated their impact upon the independent and/or dependent variable to warrant their control in the primary analysis to follow (Taft, 1973: 77).

The analysis which follows keys on the major research objective of this report: the examination of the relationship between the degree of family membership disability and the degree of internal family interaction. Because of the qualitative difference between the degrees of disability of non-disabled families (zero) and disabled families (one to one hundred), it is impossible to combine them into a meaningful scale of degrees of disability. Therefore, the first section of analysis examines the target

relationship for disabled families only, sacrificing the valuable comparative base. Additionally, this first segment explores the impact of community and family type on the relationship between degrees of disability and degrees of internal interaction. The second primary analysis segment recovers the comparative base, examining the influence of the incidence of family membership disability on the magnitude of internal family interaction. In addition, the second primary analysis segment studies the impact of community and family type on this influence. The analysis culminates a summary of findings and conclusions.

The chapter concludes with an examination of the limitations of the study.

The Analysis

Degree of Disability Versus Degree of Interaction

This section examines the relationship between degrees of family membership disability and degrees of internal family interaction for disabled families only. Since these variables are measured ordinally, the gamma (y) statistic (Mueller, Schuessler, and Costner, 1970: 279-294), indicating direction and degree of association, is the major analytical tool; the cell values are too small for

X^2 analysis (for complete distribution see Taft, 1973: 121-132). Gammas greater than $|.50|$ are considered significant, indicating over 50% degree of association between two variables. The gammas are presented tabularly by interaction, community, and family type. Additionally, in this section community and family type differentials in the relationship between disability and interaction degrees are explored, using the same analytical tool.

General relationship patterns. There are no universally consistent relationships between degrees of disability and degrees of interaction indicated by the signs or magnitudes of the gammas in Table 10. They indicate thirteen negative associations (as disability increases, interaction decreases), ten positive associations (as disability increases, interaction increases), and one disassociation. Of these gammas only five are significant; four are negative, and one is positive.

When examined by interaction type, the result is the same. The gammas indicate inconsistent, as well as weak, relationships between degrees of disability and degrees of COMPOSITE, GOING PLACES TOGETHER, and WORKING TOGETHER interaction. In each case insignificant and/or contradicting gammas make any apparent associations very conjectural and insignificant.

Community type relationship patterns. Community type tends to differentiate among the relationships be-

Table 10. Summary Table of Gammas Indicating the Degree of Positive or Negative Relationship Between the Three Degrees of Disability and the Three Degrees of Interaction for Disabled Families.

Community Type		Nonmetropolitan (N=75)		
Interaction		Going Places Together	Working Together	Composite
Family Type		----------Gammas----------		
I.	Complete Nuclear	-.43	-.50	-.43
II	Incomplete Nuclear	+.09	+.29	0
III.	Complete Extended	+.22	+.23	+.16
IV.	Incomplete Extended	+.16	-.57[2]	-.35
		Metropolitan (N=68)		
I.	Complete Nuclear	-.17	-.81[2]	-.60[2]
II.	Incomplete Nuclear	-.68[2]	-.19	-.49
III.	Complete Extended	+.31	-.33	-.20
IV.	Incomplete Extended	+.08	+.56[1,2]	+.29

[1]One metropolitan disabled family had no response on interaction item two (WORKING TOGETHER).

[2]Adjudged statistically significant in magnitude.

tween degrees of disability and degrees of interaction indicated by the gammas in Table 10 (p. 62). M gammas are more frequently negative (two-thirds compared to almost half) and significant (one-third compared to one-twelfth) than NM gammas. Although relatively different, neither M nor NM relationships are consistent enough to make other than rather tenuous statements about the nature of their relationships.

Controlling family type manifests certain community type differentials in relationship. Across interaction types, NM incomplete nuclear relationships are extremely low and positive; whereas, M incomplete nuclear relationships are higher (two of three cases) and negative. Still in all, only one gamma is significant.

Additional M-NM differences are noted by interaction type. Both complete and incomplete extended relationships are differentiated by community type for COMPOSITE and WORKING TOGETHER interaction. NM complete extended families have low magnitude positive relationships; whereas, M complete extended families have higher magnitude negative relationships. On the other hand, NM incomplete extended families have medium magnitude negative relationships, while M incomplete extended

families have lower magnitude positive relationships.

Family type relationship patterns. Family type differentiates among relationships between degrees of disability and degrees of interaction. Across the board, complete nuclear families have negative relationships with higher magnitudes in the M area. Gammas of other family types are not consistent in sign, although extended families generally have low-magnitude gammas.

Relationship differentials by family type are more frequent among NM than M families. NM complete nuclear families have medium-magnitude (insignificant) negative gammas; NM incomplete nuclear and complete extended families have low-magnitude positive gammas. M complete and incomplete nuclear families have negative gammas (three are significant) while M incomplete extended families have positive gammas (one is significant). The gammas of the two remaining family types, NM incomplete extended and M complete extended, are mixed by interaction type; both have low positive gammas on GOING PLACES TOGETHER and higher negative gammas on WORKING TOGETHER and COMPOSITE interaction.

Incidence of Disability Versus Magnitude of Interaction

This section regains the comparative base lost in

the first primary analysis section. It examines the impact of the incidence of family disability[11] on the magnitude of internal interaction.[12] The mean rank interaction scores of disabled and non-disabled families are graphically presented for each interaction type with community and family type controlled. The probabilities presented beneath each graph are derived from "The Sign Test" (Siegel, 1956: 68-75); they indicate the degree of randomness involved in the consistency with which disabled families have lower mean rank interaction scores than non-disabled families.

Additionally, in this section community and family type differentials in the impact of the incidence of disability on the magnitude of interaction are examined. These differentials concentrate on the direction of impact.

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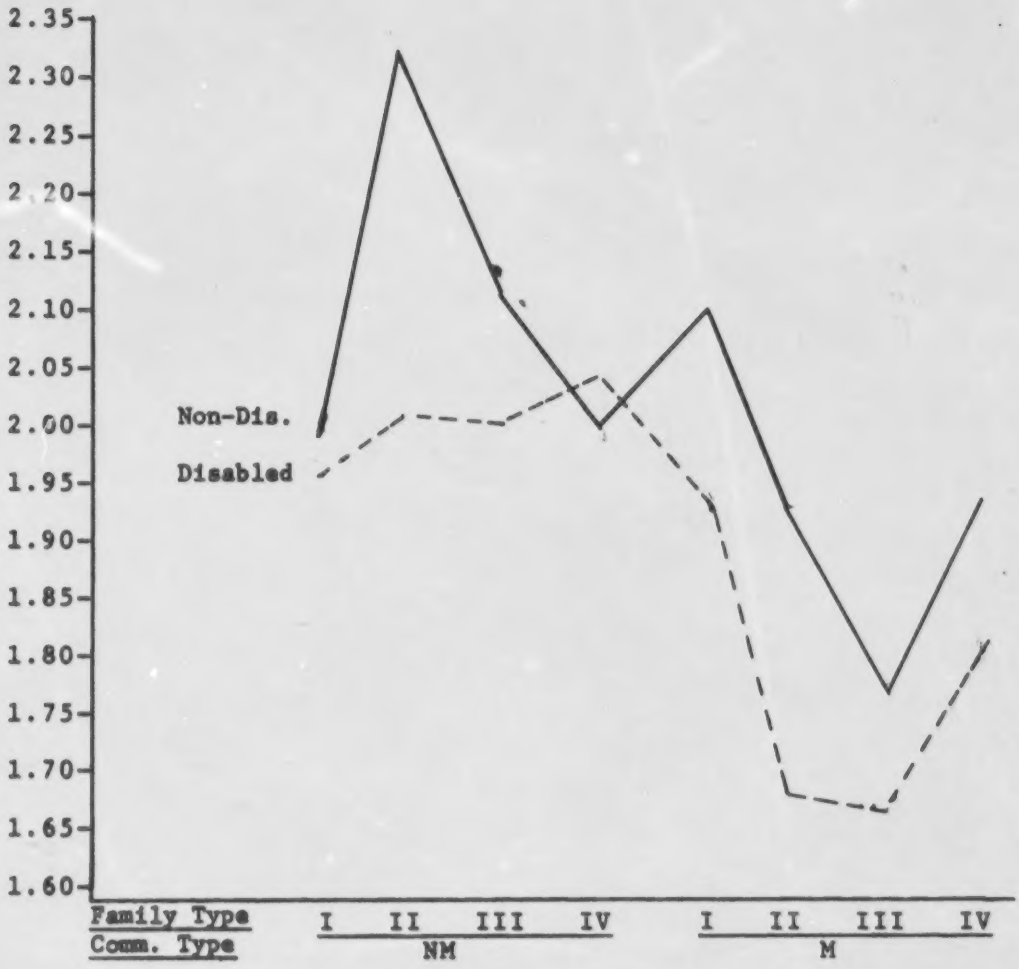
[11] All disabled families used in the above analysis are combined into a nominal "disabled" category and compared to "non-disabled" families.

[12] The magnitude of interaction is measured by mean rank interaction scores. They were calculated by multiplying "low" interaction frequencies by one; "medium" interaction frequencies by two, and "high" interaction frequencies by three, summing the products, and dividing by the three categories' total frequency.

These directions of impact are tabularly summarized for each interaction type by community and family type: positive (+) impact indicating higher interaction rates for disabled families and negative (-) impact indicating higher interaction rates for non-disabled families.

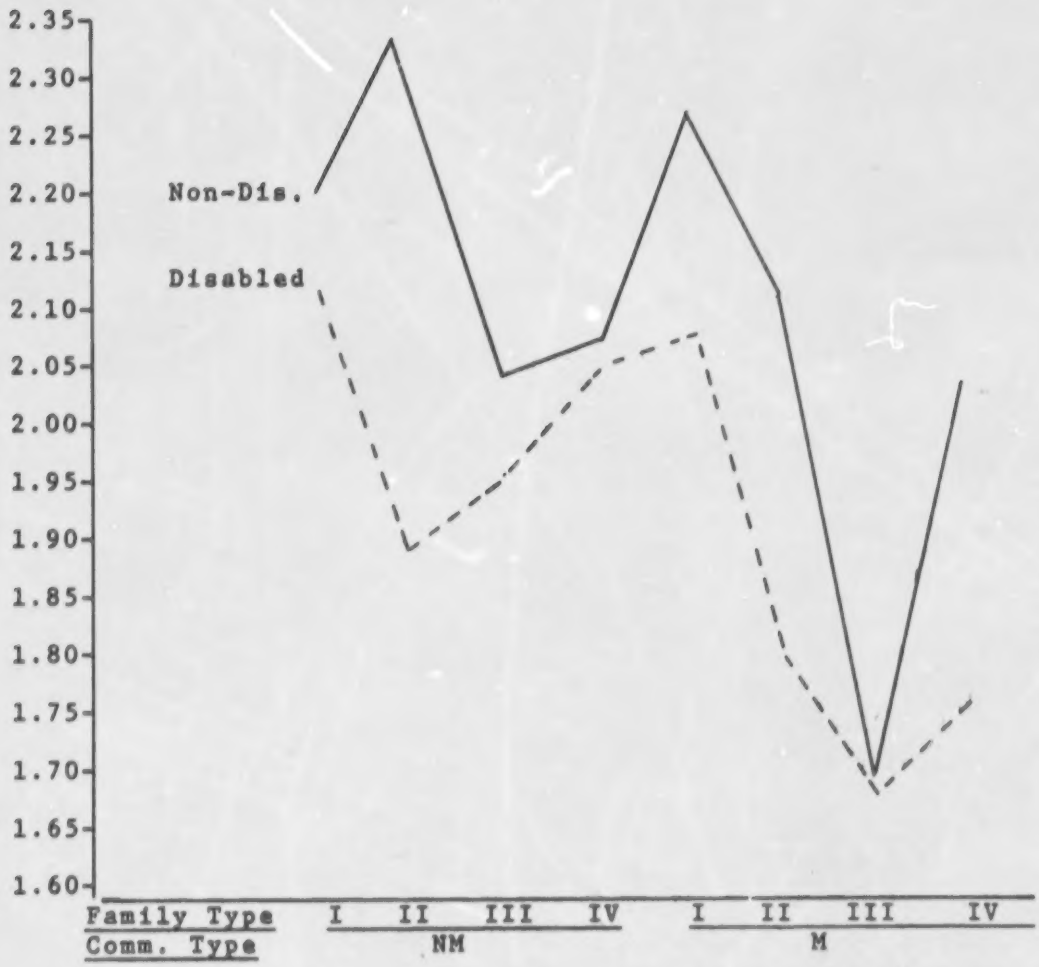
General impact patterns. In general, incidence of disability influences the rate of mean rank interaction; disabled families exhibit lower COMPOSITE internal family interaction rates than non-disabled families (Figure 6). The significance of this pattern varies by interaction type. Disabled and non-disabled family differences in GOING PLACES TOGETHER interaction are significantly consistent (Figure 7). Put simply, the disabled families go places together less frequently than the non-disabled families. Disabled and non-disabled family differences in mean rank WORKING TOGETHER interaction are inconsistent. There is a slight tendency for disabled families to have lower rates of WORKING TOGETHER interaction than non-disabled families (Figure 8), but there is a thirty-six per-cent probability that these differences are a chance occurance.

Figure 6. Mean Rank Composite Interaction Controlled for Community and Family Type.



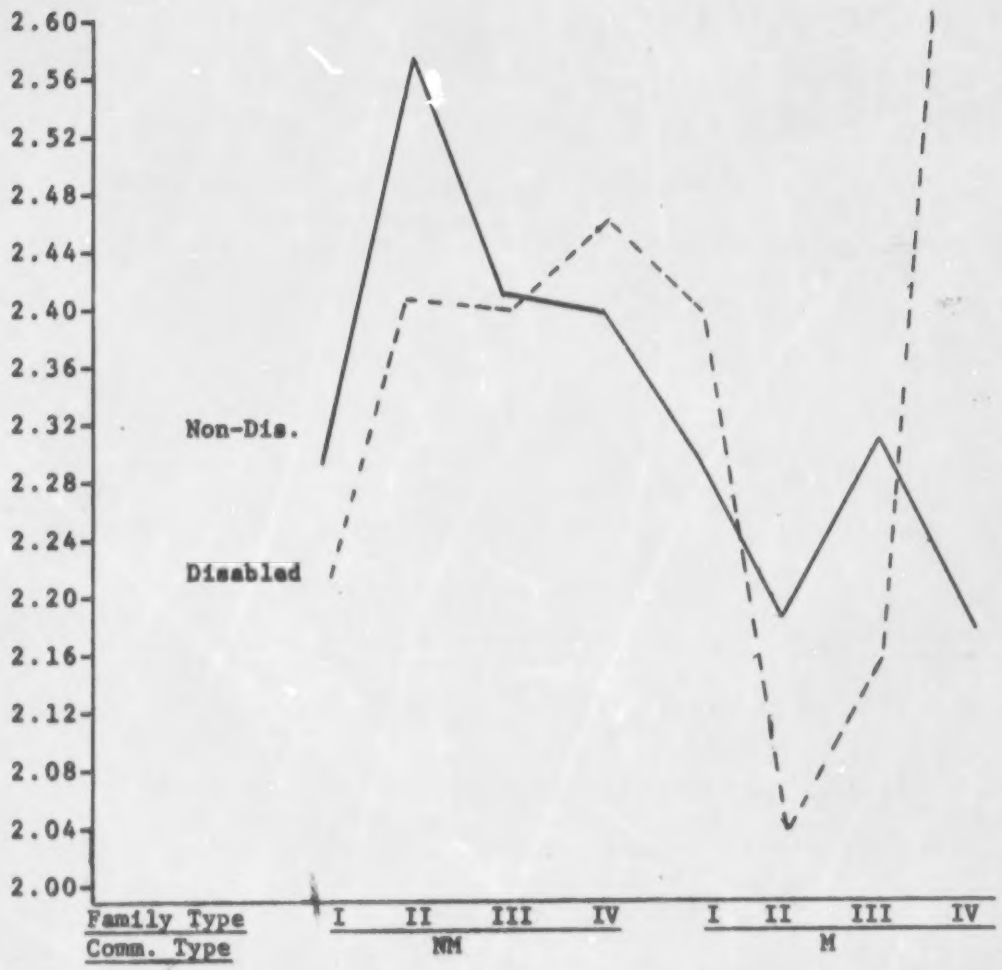
P= .035

Figure 7. Mean Rank Going Interaction Controlled for Community and Family Type.



P= .004

Figure 8. Mean Rank working Interaction Controlled for Community and Family Type.



P= .363

Community type impact patterns. There are no universal differentials in the impact of the incidence of disability on mean rank COMPOSITE interaction scores by community type (Table 11). Only NM incomplete extended families have a positive relationship; all others have negative relationships. There are no universal differentials in the impact of the incidence of disability upon the magnitude of specific interaction types by community type. None are evident on GOING PLACES TOGETHER interaction (Table 12), and only one is evident on WORKING TOGETHER interaction (Table 13). For complete nuclear family type, disabled NM families have lower WORKING TOGETHER rates than non-disabled NM families; whereas, disabled M families have higher WORKING TOGETHER rates than non-disabled M families.

Family type impact patterns. There are no universal differentials in the impact of the incidence of disability upon mean rank COMPOSITE interaction by family type (Table 11, p. 71). One impact is positive, NM incomplete extended; all others are negative. This is considered a predominantly community type differential since it is inconsistent across NM-M community type. No general impact

Table 11. Direction of Impact of the Incidence of Disability upon the Magnitude of Composite Interaction by Community and Family Type.

Family Type		NM	M
I.	Complete Nuclear	-	-
II.	Incomplete Nuclear	-	-
III.	Complete Extended	-	-
IV.	Incomplete Extended	+	-

Table 12. Direction of Impact Between the Incidence of Disability and the Magnitude of Going Places Together Interaction by Community and Family Type.

Family Type		NM	M
I.	Complete Nuclear	-	-
II.	Incomplete Nuclear	-	-
III.	Complete Extended	-	-
IV.	Incomplete Extended	-	-

Table 13. Direction of Impact Between the Incidence of Disability and the Magnitude of Working Together Interaction by Community and Family Type.

Family Type		NM	M
I.	Complete Nuclear	-	+
II.	Incomplete Nuclear	-	-
III.	Complete Extended	-	-
IV.	Incomplete Extended	+	+

patterns are evident by specific interaction types. While differentials are non-existent on GOING PLACES TOGETHER interaction by family type (Table 12, p. 71) one consistent and one inconsistent differential is noted on WORKING TOGETHER interaction by family type (Table 13, p. 71). A differential in impact, primarily resulting from community type is noted for complete nuclear families; whereas, a differential in impact, resulting from incomplete extended family type is evident for WORKING TOGETHER interaction. Disabled incomplete extended families have higher WORKING TOGETHER interaction rates than non-disabled incomplete extended families. Disabled family rates of interaction are generally lower than non-disabled family rates among other family types.

Summary of Findings and Conclusions

Degree of disability versus degree of interaction. No universal relationships were observed between disability and interaction degrees as indicated by the signs and magnitudes of the gammas. It is concluded that there is no universal relationship between degrees of family membership disability and degrees of internal family interaction.

M gammas were more frequently negative and significant than NM gammas. For family types with M-NM differences between

gammas, whether consistent across both or only one interaction type and COMPOSITE interaction, the same pattern was observed. It is concluded that community type influences the relationship between degrees of family membership disability and degrees of internal family interaction; M relationships are more frequently negative than NM relationships.

Gammas of complete nuclear families were consistently negative; whereas, gammas of other family types were inconsistent in sign, varying by community and interaction type. It is concluded that family type influences the relationship between degrees of family membership disability and degrees of internal family interaction; relationships of complete nuclear families are negative while others vary by community and interaction type.

Incidence of disability versus magnitude of interaction. A general pattern of impact was noted between the incidence of disability and the magnitude of interaction. Non-disabled families interacted internally more often than disabled families. The significance of this pattern varied by interaction type; the impact of disability was highly significant on internal family interaction away from home but not on internal family interaction at home. It is concluded that the incidence of family membership disability

influences the magnitude of internal family interaction; non-disabled families interact internally more often than disabled families. The significance of this patterned influence is greater for away from home interaction than at home interaction.

On the whole, NM-M community type did not differentiate on the influence of the incidence of disability on the magnitude of interaction. There was some NM-M differentiation by family and interaction type, complete nuclear families on WORKING TOGETHER interaction and incomplete extended families on COMPOSITE interaction, but these were only two inconsistent cases of the twelve possible. It is concluded that community type does not consistently influence the relationship between the incidence of family membership disability and the magnitude of internal family interaction.

No general impact of family type was noted on the influence of the incidence of disability on the magnitude of internal interaction. Only one consistent impact was noted; incomplete extended families had positive relationships on WORKING TOGETHER interaction. This impact did not show up in GOING PLACES TOGETHER interaction. It is concluded that family type does not consistently influence the impact of the incidence of family membership disability on the magnitude of internal family interaction.

Major conclusions. From the above analysis four major abstract conclusions can be drawn:

(1) Disabled families generally experience lower levels of internal family interaction than non-disabled families.

(2) There are no universal relationships between the degree of family membership disability and the degree of internal family interaction.

(3) Neither community nor family type significantly influence the impact of the incidence of family membership disability on the magnitude of internal family interaction.

(4) Certain community and family types influence relationships between the degree of family membership disability and the degree of internal family interaction which are not universally observable.

The Limitations of the Study

The rural study units include three populations, and the urban study unit includes a sample of a rather restricted population sector. This is a built-in study limitation. Both study units were selected on the basis of qualitative criteria, not a randomized design. However, it is felt that one could easily find similar Black populations in the rural South and in southern urban ghettos with which to compare those examined here. This problem does limit generalizations from the findings to similar populations in a rather

restricted sense. However, findings of NM-M differentials should be highly general because of the polar-opposite nature of the two community types.

The indicators and measures of the variables present a further study limitation. Statistical alternatives are severely limited because the measures used were, at best, ordinal, but generally nominal. Regarding internal family interaction, the indicators and response categories allowed no other alternatives than nominal and ordinal measures. Regarding family disability, the small number of disabled families prevented the utilization of interval measures in this work.

Additionally, the internal family interaction indicators limited the coverage of interaction modes within the two interaction types. There was only one interaction mode in each interaction type. This restricts the total picture of internal family interaction modes.

The disability indicator prohibits the determination of the effects of actors' psychological and physical states upon the functioning of the family subsystem. The indicator simply provides no means for determining the actors' psychological and physical states.

An over-riding study limitation is the two study units' small number of disabled families. This restriction makes the degree of disability versus degree of

interaction findings rather tentative. This limitation was somewhat overcome by nominally measuring disability, disabled and non-disabled incidence of disability.

CHAPTER VII

DISCUSSION

This chapter presents empirical, methodological, and theoretical implications, as well as suggestions for future research. It has three major sections, empirical, methodological, and theoretical, each further divided into two sub-sections, implications and suggestions for future research.

Empirical

Implications

In correlating the study's conclusions with existing empirical knowledge, there are three possible outcomes; the study's conclusions support, do not support, or extend existing empirical knowledge.

Past research suggested that disabled families have more interaction problems than other families. This study concluded that non-disabled families interact internally more often than disabled families. This supports past research findings. It was additionally discovered that this pattern is more pronounced for away from home interaction than at home interaction. The reason ap-

pears obvious; the mobility of a disabled family is restricted,

Neither community nor family type impacted consistently upon the influence of the incidence of disability on the magnitude of internal family interaction. Magnitudes of interaction of disabled families were consistently lower than those of non-disabled families; this explains the lack of community and family type impact. The nature of community type used here (Polar- opposites) suggests that since it did not impact on the influence of the incidence of disability on the magnitude of interaction here, it probably will not anywhere.

Past research suggested that more severe degrees of disability tend to lessen interaction with friends and relatives. This study concluded that there was no universal relationship between degrees of family membership disability and degrees of internal family interaction. This does not support the sparse findings from past research. However, it must be again pointed out that this conclusion was based on a very small number of disabled families.

Both community and family type controls pointed to some relationships between degrees of disability and degrees of interaction. M community type relationships

were more frequently negative than NM relationships. Complete nuclear family type relationships were negative while other family type relationships vary by community and interaction type. These findings extend existing knowledge.

Suggestions for Future Research

This study suggests several needs for future empirical research. The distributions of family disability among the different sectors of the population needs to be established. For example, are the rates of disability among southern Black populations similar to the rates of disability among southern non-Black populations?

Concentration on the distribution and correlates of the incidence of disability (disabled as opposed to non-disabled) should yield much-needed empirical insights not available through the examination of degrees of disability alone. Nonetheless, the examination of the distribution and correlates of degrees of disability remains high on the list of future research needs.

An empirical gap, identified in the review of literature but excluded from this study because of an insufficient "N," is the influence of positional location of disabled family members upon internal family inter-

action. Of particular interest in this connection should be parental versus non-parental and husband versus wife positions.

Additionally, research on the relationship between degrees of disability and degrees of internal family interaction needs to concentrate on other population sectors. Are the relationships demonstrated herein indicative of those that might be demonstrated in other population sectors? This same focus is needed in examining the influence of the incidence of disability upon the magnitude of internal family interaction.

Numerous correlates of the incidence and degree of disability need to be examined. Of course, there is a great need for determining what factors cause family disability, as well as its effects.

Methodological

Implications

The methodological implications of this study are numerous. Implications drawn from the measuring device used herein are first considered. Next, controls suggested by the findings are presented. Lastly, pragmatic implications in disability studies are explored.

This author's conceptualization of family disability presents a means for deriving more precise family disability indicators not developed before. Although the particular disability indicator and response categories used in this study need revision in order to measure these conceptual distinctions, the family disability index is apparently the first of its kind and a methodological contribution in its own right. It measures the magnitude of family membership disability. The index controls both family size and the degrees of disability of family members.

The interaction scale needs expansion. Indicators of different aspects of the two kinds of internal family interaction need to be more completely covered in the scale. Since little research has keyed on internal family interaction, the attempt at measuring gross internal family interaction in this work is significant. In addition, the interaction response categories used here are more feasible than those suggested by the NC-90 instrument which did not supply the full range of alternatives; "always" was left out.

Community and family type are needed controls in studies of the relationship between degrees of disability and degrees of internal family interaction. On the other hand, in studies of the influence of the incidence

of family disability upon the magnitude of internal family interaction, neither community nor family type seem to be useful controls.

Going back to the study design and its inherent limitations, some practical implications are suggested. This study was limited in generalizing beyond its particular study groups because one was a population and the other was a sample of a specific population segment. From the outset it was determined to study southern Blacks in a rural setting and in an urban ghetto; so for these purposes it was useful, but it does limit the researcher's ability to generalize.

One additional practical consideration is that one should have a sufficiently large "N" for meaningful statistical analyses. For southern Blacks the "N" should be twice the "N" used in this study to examine the influence of the incidence of disability upon the magnitude of internal family interaction, across the control variables. For examining degrees of disability and degrees of internal family interaction, an "N" of six to ten times the 143 used here is suggested.

Suggestions for Future Research

Methodologists need to revise the indicator and response categories of disability. The indicator should

elicit both psychological and physical functioning so that each could be examined separately. Additionally, it should indicate if an individual's role behavior and/or attributes are affected by psychological and/or physical malfunctions. Finally, the particular type of role behavior and attribute types affected need to be distinguishable. The response categories should elicit the magnitude of psychological and physical malfunction, of role behavior and attribute inadequacy.

Methodologists should consider possible weights for the disability index-- positional location of disabled family members, age, sex, etc.-- in addition to the present weights of family size and disability degree. The data in this study are too incomplete for such an undertaking; therefore, continuing research is needed.

Gross internal family interaction could be more completely covered by a larger cluster of family activities. But, are the two interaction types suggested here the only around which internal family interaction activities cluster? Special attention, then, needs to be given to developing an adequate gross internal family interaction indicator. Also, the response categories should more thoroughly represent the full range of alternatives; those used here are limited. Future research might find that differ-

ent interaction types behave differently to the influence of disability.

Theoretical

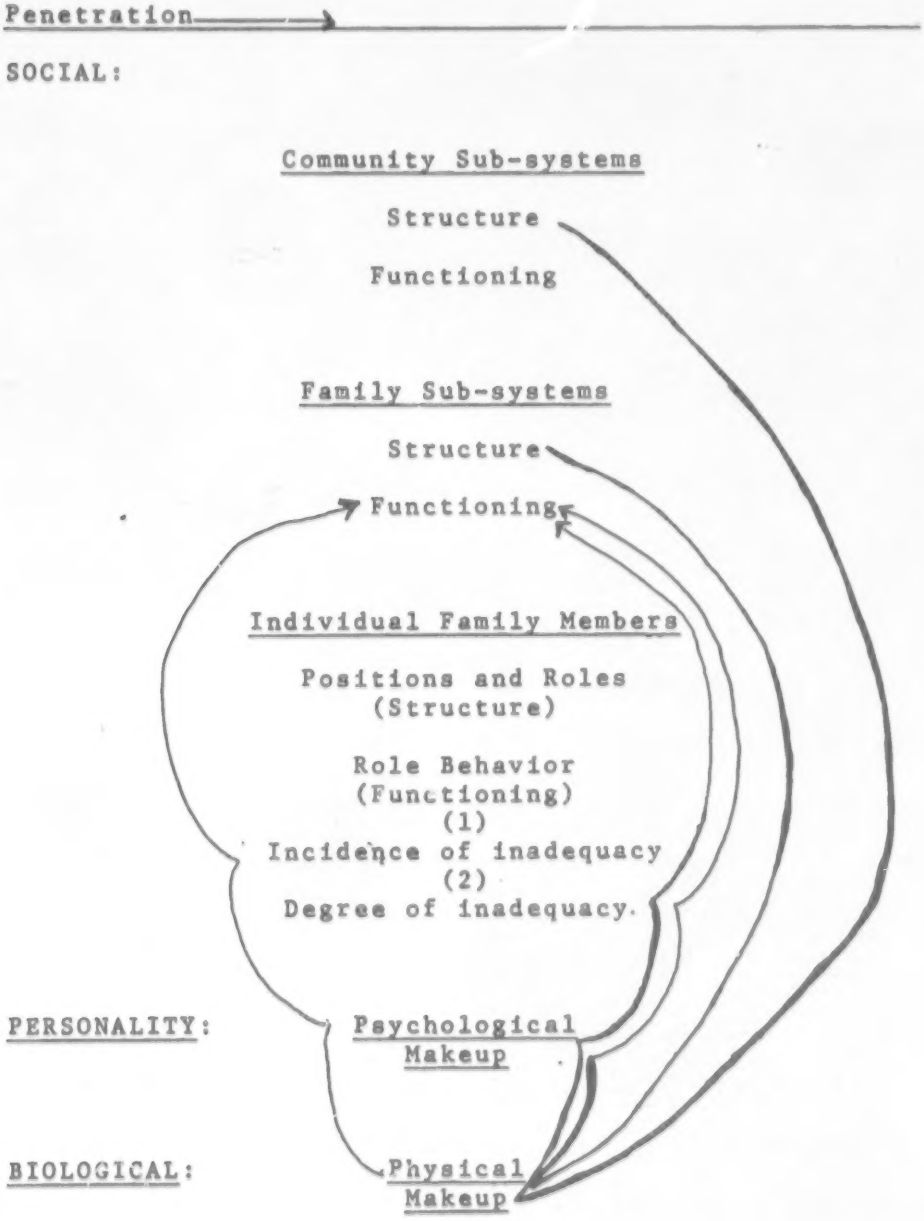
Implications

Placing the variables in the general orienting framework further enhances the theoretical value of the framework. In this regard, the conceptualization of family membership disability and its accompanying typology of psychological and physical states adds new dimensions to previous disability definitions. In addition, the conceptualization of internal family interaction defines it in a grosser sense than normal.

System level interprenetration was the main thrust of the general sociological problem in this study. In this connection, implications regarding three different aspects of systemic interpenetration flow from the conclusions. These are demonstrated in Figure 9; the arrows indicate the flow of systemic penetration suggested by the conclusions in this study.

Malfunctions of personality and biological systems cause less efficient family sub-system functioning, through the incidence of inadequate role behavior.

Figure 9. Interpenetration Levels Implied by the Conclusions in This Study.



Disabled families had consistently lower internal family interaction rates than non-disabled families.

In general, personality and biological systems do not penetrate into the functioning of family sub-systems through the degree of inadequacy of role behavior. The relationships between disability and interaction degrees were inconsistent and inconclusive for the specific population segments examined. Both community and family structure impacts upon personality and biological system penetration into the functioning of family sub-systems. This impact is weak; M community and complete nuclear family structures had more negative relationships between degrees of disability and interaction than NM community and other family structures.

Suggestions for Future Research

The theoretical area on which future research efforts should concentrate, in this author's opinion, is system level interpenetration. The particular interpenetration aspects dealt with in this study (see Figure 9, p. 86), as well as those implied in the general orienting framework (Figure 1, p. 6), should be more thoroughly examined.

For example, how do class, racial, regional, or community sub-cultural variations in health care,

dietary, or sanitation norms influence the effectiveness of government funded health agencies in reducing family disability among the different population segments with whom they deal? This problem deals with sub-cultural variations in the effectiveness of the penetration of government agencies into family subsystems, through the role behavior of family members. Slightly changing the focus in order to become more specific, one might examine the impact of the operation of free community clinics, manned by paramedics, on a community's rate of family disability among various sub-cultural groupings (Whites, Blacks, Protestants, Catholics, etc.).

Working from the bottom end of the framework, a question was suggested by the conception of disability but was not explored in this study because of an inadequate indicator. What influence do psychological and physical states of disabled family members have upon the impact of member disability on family functioning? This question keys on the penetration of the functioning of biological and personality systems of family members into family functioning. Again becoming more specific, do member disabilities caused by psychological malfunctions impact more severely on family functioning than

those caused by physical malfunctions? Further, do member disabilities caused by physical deformities, such as lost limbs, blindness, or burns, impact more severely on family functioning than those caused by physical illnesses, such as diabetes, tuberculosis, or cancer?

Numerous other research problems could be posed; however, those above should give the interested social researcher an idea of the multitudinous ones which could be derived with a little ingenuity. It should be obvious that any area of sociological concern can be made theoretically significant through the use of the general orienting framework and can contribute to its further specification.

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Appendix A: Response Categories for the Question "Is anyone in your family sick all the time or disabled in any way?"*

FOR EACH PRE-SCHOOLER ASK:

Which of the following best describes his (her) ability to play?

5. Not able to take part at all in ordinary play with other children.

4. Able to play with other children but limited in amount or kind of play.

2. Not limited in any of the preceding ways.

FOR EACH CHILD IN SCHOOL ASK:

Which of the following best describes his (her) ability in school activities?

5. Not able to go to school at all.

4. Able to go to school but limited in certain types of school or in school attendance.

3. Able to go to school but limited in other activities.

2. Not limited in any of the preceding ways.

FOR EACH OTHER FAMILY MEMBER ASK:

Which of the following best describes his (her) ability to work?

5. Not able to work (or keep house) at all.

4. Able to work (keep house) but limited in kind or amount of work.

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*NC-90 Technical Committee, 1970:3.

Appendix A (Cont'd)

3. Able to work (keep house) but limited in other activities.

2. Not limited in any of the preceding ways.

Appendix B: Frequency and Percentage Distributions of the Variables used in this study.

Table 1. Distribution of Family Disability Index Scores by NM-M Community Type.

Family Disability Scores	NM (N=259)		M (N=294)		Total (N=553)	
0	184		221		405	
1	1		0		1	
3	1		2		3	
4	3		2		5	
5	1		0		1	
6	3		3		6	
7	3		0		3	
8	3		7		10	
9	4		5		9	
10	2		0		2	
11	2		0		2	
12	6		9		15	
13	1		0		1	
14	5		3		8	
16	3		1		4	
17	1		0		1	
18	5		7		12	
19	5		4		9	
21	2		0		2	
25	13	(Mode)*	10	(Mode)*	23	(Mode)*
29	3		2		5	
31	1		0		1	
33	4		1		5	
35	0		1		1	
37	1		5		6	
39	1		1		2	
40	0		1		1	
41	1		1		2	
43	0		1		1	
50	0		1		1	
59	0		1		1	
No Response	0		5		5	
Mean Scores*	17.35		19.62			

*For disabled families (excluding "0" and "no response").

Table 2. Distribution of Disabled Members' Positional Locations for Each Family and Community Type.

Family Type	Type I		Type II		Type III		Type IV		Total	
Community Type	NM	M	NM	M	NM	M	NM	M	NM	M
Positional Location	N=19	N=15	N=10	N=25	N=20	N=12	N=26	N=16	N=75	N=68
1. Homemaker	6	2	3	14	3	2	5	6	17	24
2. Spouse	7	6	0	0	3	1	0	0	10	7
3. Child or Step Child	4	1	5	6	3	1	2	2	14	12
4. Extra-Nuclear*	0	0	0	0	4	6	9	3	13	9
5. Non-Family**	0	0	0	0	0	0	0	0	0	0
1. and 2.	2	3	0	0	2	1	0	0	4	4
1. and 3.	0	0	2	3	2	0	4	2	8	5
1. and 4.	0	0	0	0	2	0	3	1	5	1
2. and 3.	0	2	0	0	0	0	0	0	0	2
3. and 4.	0	0	0	0	1	0	3	0	4	0
1., 2., and 3.	0	1	0	0	0	0	0	0	0	1
1., 3., and 4.	0	0	0	0	0	0	0	2	0	2
1., 2., and 5.	0	0	0	0	0	1	0	0	0	1

*Includes grandchild, parent, parent-in-law, brother/sister, brother/sister-in-law, son/daughter-in-law, grandparents/great aunt/great uncle, aunt/uncle, nephews/nieces, cousins, and other relatives.

**Includes foster children and friends.

Table 3. Distribution of Interaction Responses for Families with Disability Information Coded.

Item	Never	Seldom	Sometimes	Often	No Resp.	Total
Item One[1]	24	122	199	202	1	548
Item Two[2]	11	43	101	390	3	548
Item Three[3]	37	81	144	282	4	548
Item Four[4]	10	37	99	399	3	548
Composite[5]	0	19	130	396	3	548

[1]How often do you go places together as a family?

[2]How often does your family eat at least one meal a day together?

[3]How often do family members work around the home together?

[4]How often do family members relax around the home together talking, watching TV, or doing things like this?

[5]Calculated by summing the scores on all items and dividing by four.

Table 4. Distribution of Families on All Possible Composite Interaction Scores for the Revised Two-item Scale.

Scores	NM (N=259)		M (N=288)		Total (N=547)	
	f	%	f	%	f	%
1	17	6.5	35	12	52	10
1.5	35	13.5	37	13	72	13
2	69	27	75	26	144	26
2.5	75	29	87	30	162	30
3	63	24	54	19	117	21
Total	259	100	288	100	547	100